

Exhibit 1

NEELEY LAW GROUP, PLC

ROBERT C NEELEY, JR.
ATTORNEY AND COUNSELOR AT LAW
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October 20, 2020

Mr Thomas E. Baldwin Sr., Clerk
Norfolk General District Court
CIVIL DIVISION
150 Saint Paul's Blvd, Room 3202
Norfolk, VA 23510-2747

Re: Clifton R. Simpson. v. Stephanie Delette Waithe

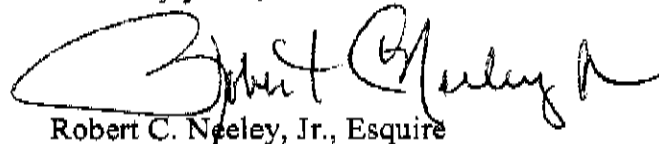
Dear Mr. Baldwin:

Please file the enclosed warrant in debt and place the matter on your docket for a return date of **December 4, 2020 at 9:00 a.m.** This date was confirmed by my Legal Assistant with Brittany, Clerk on October 20, 2020. A check in the amount of \$65 to cover filing and service of process. Please return a service ready copy to us in the self-addressed stamped envelope provided for your convenience.

Please do not hesitate to call us if you have any questions. Thank you for your kind assistance.

With kindest regards, I remain.

Sincerely yours,



Robert C. Neeley, Jr., Esquire

RCN/rcn

Enclosure

cc: Client

Defendant- Stephanie D. Waithe

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)
Commonwealth of Virginia VA CODE § 16.1-79

NORFOLK
CITY OR COUNTY
General District Court
150 Saint Paul's Blvd., Room 3202 Norfolk, VA 23510-2747
STREET ADDRESS (OR COURT)

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

December 4, 2020 at 9:00 a.m. to answer the Plaintiff(s)' civil claim (see below)
RETURN DATE AND TIME

DATE ISSUED ☐ CLERK ☐ DEPUTY CLERK ☐ MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 25,000.00 net of any credits, with interest at 6.00 % from date of LOSS until paid,

\$ 59.00 costs and \$ attorney's fees with the basis of this claim being

☐ Open Account ☐ Contract ☒ Note ☒ Other (EXPLAIN)

PERSONAL INJURIES-NEGLIGENCE-AUTO ACCIDENT

HOMESTEAD EXEMPTION WAIVED? ☒ YES ☐ NO ☒ cannot be demanded

October 20, 2020

DATE ☐ PLAINTIFF ☒ PLAINTIFF'S ATTORNEY ☐ PLAINTIFF'S FAMILY OVER/AGENT

CASE DISPOSITION

JUDGMENT against ☐ named Defendant(s) ☐

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

HOMESTEAD EXEMPTION WAIVED? ☐ YES ☐ NO ☐ CANNOT BE DEMANDED

☐ JUDGMENT FOR ☐ NAMED DEFENDANT(S) ☐

☐ NON-SUIT ☐ DISMISSED

Defendant(s) Present? ☐ YES

☐ NO

DATE JUDGE

FORM DC-41: (PAGE ONE OF TWO) OF 04 PDF

CASE NO.

CLIFTON R. SIMPSON

PLAINTIFF(S) (LAST NAME, FIRST NAME, SECOND INITIAL)

215 W LITTLE CREEK RD

NORFOLK, VA 23505

V.

WAITE, STEPHANIE DELETTE

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

6219 SEDGEFIELD DRIVE

NORFOLK, VA 23513

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear, however, if you fail to appear, judgment may be entered against you. See the additional notice on the reverse about requesting a change of trial location.

☐ To dispute this claim, you must appear on the return date to try this case.

☐ To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars

ORDERED

DUE

Grounds of Defense

ORDERED

DUE

ATTORNEY FOR PLAINTIFF(S)

ROBERT C NEELEY JR VSB# 40441

(757)626-0074

ATTORNEY (OR DEFENDANT(S))

HEARING DATE AND TIME

12/4/2020 9:00 a.m.
Courtroom 2D

JUDGMENT PAID OR SATISFIED

PLAINTANT TO ATTACHED NOTICE

OF SATISFACTION.

DATE

DATE

CLERK

DISABILITY ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME: WAHLE, STEPHANIE DELETTE	
ADDRESS: 6219 SEDGEFIELD DRIVE NORFOLK, VA 23513	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER
DATE: for	

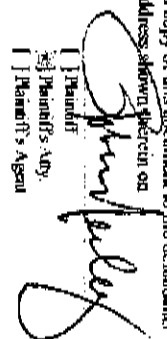
NAME:	
ADDRESS:	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
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<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER
DATE: for	

NAME:	
ADDRESS:	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
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<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER
DATE: for	

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s) name(s) and Defendant(s) name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown herein on October 20, 2020 DATE:  [] Plaintiff [x] Plaintiff's Agent	
Pl. Ex. issued on	
Interrogatories issued on	
Continuance issued on	

Commonwealth of Virginia Department of Motor Vehicles
Police Crash Report

Officer Initials **KP** Badge# **33885**



Revised Report

CRASH

Crash Date **12/28/2018** **17:20**

County of Crash

City of ☒ **Norfolk**
Town of

Local Case Number
P18122800410

DRIVER INFORMATION

- | Veh 1 | Veh 2 |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Driver's Action P1 | |
| <input checked="" type="checkbox"/> 1. No Improper Action | |
| <input checked="" type="checkbox"/> 2. Exceeded Speed Limit | |
| <input checked="" type="checkbox"/> 3. Exceeded Safe Speed But Not Speed Limit | |
| <input checked="" type="checkbox"/> 4. Overtaking On Hill | |
| <input checked="" type="checkbox"/> 5. Overtaking On Curve | |
| <input checked="" type="checkbox"/> 6. Overtaking at Intersection | |
| <input checked="" type="checkbox"/> 7. Improper Passing of School Bus | |
| <input checked="" type="checkbox"/> 8. Cutting In | |
| <input checked="" type="checkbox"/> 9. Other Improper Passing | |
| <input checked="" type="checkbox"/> 10. Wrong Side of Road - Not Overtaking | |
| <input checked="" type="checkbox"/> 11. Did Not Have Right-of-Way | |
| <input checked="" type="checkbox"/> 12. Following Too Close | |
| <input checked="" type="checkbox"/> 13. Failed to Signal or Improper Signal | |
| <input checked="" type="checkbox"/> 14. Improper Turn - Wide Right Turn | |
| <input checked="" type="checkbox"/> 15. Improper Turn - Cut Corner on Left Turn | |
| <input checked="" type="checkbox"/> 16. Improper Turn From Wrong Lane | |
| <input checked="" type="checkbox"/> 17. Other Improper Turn | |
| <input checked="" type="checkbox"/> 18. Improper Backing | |
| <input checked="" type="checkbox"/> 19. Improper Start From Parked Position | |
| <input checked="" type="checkbox"/> 20. Disregarded Officer or Flagger | |
| <input checked="" type="checkbox"/> 21. Disregarded Traffic Signal | |
| <input checked="" type="checkbox"/> 22. Disregarded Stop or Yield Sign | |
| <input checked="" type="checkbox"/> 23. Driver Distraction | |
| <input checked="" type="checkbox"/> 24. Failed to Stop at Through Highway - No Sign | |
| <input checked="" type="checkbox"/> 25. Drive Through Work Zone | |
| <input checked="" type="checkbox"/> 26. Failed to Set Out Flares or Flags | |
| <input checked="" type="checkbox"/> 27. Failed to Dim Headlights | |
| <input checked="" type="checkbox"/> 28. Driving Without Lights | |
| <input checked="" type="checkbox"/> 29. Improper Parking Location | |
| <input checked="" type="checkbox"/> 30. Avoiding Pedestrian | |
| <input checked="" type="checkbox"/> 31. Avoiding Other Vehicle | |
| <input checked="" type="checkbox"/> 32. Avoiding Animal | |
| <input checked="" type="checkbox"/> 33. Crowded Off Highway | |
| <input checked="" type="checkbox"/> 34. Hit and Run | |
| <input checked="" type="checkbox"/> 35. Car Ran Away - No Driver | |
| <input checked="" type="checkbox"/> 36. Blinded by Headlights | |
| <input checked="" type="checkbox"/> 37. Other | |
| <input checked="" type="checkbox"/> 38. Avoiding Object in Roadway | |
| <input checked="" type="checkbox"/> 39. Eluding Police | |
| <input checked="" type="checkbox"/> 40. Failed to Maintain Proper Control | |
| <input checked="" type="checkbox"/> 41. Improper Passing | |
| <input checked="" type="checkbox"/> 42. Improper or Unsafe Lane Change | |
| <input checked="" type="checkbox"/> 43. Over Correction | |

Driver Vision Obscured **P3**

- | Veh 1 | Veh 2 |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. Not Obscured | |
| <input checked="" type="checkbox"/> 2. Rain, Snow, etc. on Windshield | |
| <input checked="" type="checkbox"/> 3. Windshield Otherwise Obscured | |
| <input checked="" type="checkbox"/> 4. Vision Obscured by Load on Vehicle | |
| <input checked="" type="checkbox"/> 5. Trees, Crops, etc. | |
| <input checked="" type="checkbox"/> 6. Building | |
| <input checked="" type="checkbox"/> 7. Embankment | |
| <input checked="" type="checkbox"/> 8. Sign or Signboard | |
| <input checked="" type="checkbox"/> 9. Hillcrest | |
| <input checked="" type="checkbox"/> 10. Parked Vehicle(s) | |
| <input checked="" type="checkbox"/> 11. Moving Vehicle(s) | |
| <input checked="" type="checkbox"/> 12. Sun or Headlight Glare | |
| <input checked="" type="checkbox"/> 13. Other | |
| <input checked="" type="checkbox"/> 14. Blind Spot | |
| <input checked="" type="checkbox"/> 15. Smoke/Dust | |
| <input checked="" type="checkbox"/> 16. Stopped Vehicle(s) | |

Type of Driver Distractions **P4**

- | Veh 1 | Veh 2 |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. Looking at Roadside Incident | |
| <input checked="" type="checkbox"/> 2. Driver Fatigue | |
| <input checked="" type="checkbox"/> 3. Looking at Scenery | |
| <input checked="" type="checkbox"/> 4. Passenger(s) | |
| <input checked="" type="checkbox"/> 5. Radio/CD, etc. | |
| <input checked="" type="checkbox"/> 6. Cell Phone | |
| <input checked="" type="checkbox"/> 7. Eyes Not on Road | |
| <input checked="" type="checkbox"/> 8. Daydreaming | |
| <input checked="" type="checkbox"/> 9. Eating/Drinking | |
| <input checked="" type="checkbox"/> 10. Adjusting Vehicle Controls | |
| <input checked="" type="checkbox"/> 11. Other | |
| <input checked="" type="checkbox"/> 12. Navigation Device | |
| <input checked="" type="checkbox"/> 13. Texting | |
| <input checked="" type="checkbox"/> 14. No Driver Distraction | |

Drinking **P5**

- | Veh 1 | Veh 2 |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. Had Not Been Drinking | |
| <input checked="" type="checkbox"/> 2. Drinking - Obviously Drunk | |
| <input checked="" type="checkbox"/> 3. Drinking - Ability Impaired | |
| <input checked="" type="checkbox"/> 4. Drinking - Ability Not Impaired | |
| <input checked="" type="checkbox"/> 5. Drinking - Not Known Whether Impaired | |
| <input checked="" type="checkbox"/> 6. Unknown | |

Method of Alcohol Determination (by police) **P6**

- | Veh 1 | Veh 2 |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. Blood | |
| <input checked="" type="checkbox"/> 2. Breath | |
| <input checked="" type="checkbox"/> 3. Refused | |
| <input checked="" type="checkbox"/> 4. No Test | |

Drug Use **P7**

- | Veh 1 | Veh 2 |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. Yes | |
| <input checked="" type="checkbox"/> 2. No | |
| <input checked="" type="checkbox"/> 3. Unknown | |

Condition of Driver Contributing to the Crash **P2**

- | Veh 1 | Veh 2 |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. No Defects | |
| <input checked="" type="checkbox"/> 2. Eyesight Defective | |
| <input checked="" type="checkbox"/> 3. Hearing Defective | |
| <input checked="" type="checkbox"/> 4. Other Body Defects | |
| <input checked="" type="checkbox"/> 5. Illness | |
| <input checked="" type="checkbox"/> 6. Fatigued | |
| <input checked="" type="checkbox"/> 7. Apparently Asleep | |
| <input checked="" type="checkbox"/> 8. Other | |
| <input checked="" type="checkbox"/> 9. Unknown | |

VEHICLE INFORMATION

- | Veh 1 | Veh 2 |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vehicle Maneuver V1 | |
| <input checked="" type="checkbox"/> 1. Going Straight Ahead | |
| <input checked="" type="checkbox"/> 2. Making Right Turn | |
| <input checked="" type="checkbox"/> 3. Making Left Turn | |
| <input checked="" type="checkbox"/> 4. Making U-Turn | |
| <input checked="" type="checkbox"/> 5. Slowing or Stopping | |
| <input checked="" type="checkbox"/> 6. Merging Into Traffic Lane | |
| <input checked="" type="checkbox"/> 7. Starting From Parked Position | |
| <input checked="" type="checkbox"/> 8. Stopped in Traffic Lane | |
| <input checked="" type="checkbox"/> 9. Ran Off Road - Right | |
| <input checked="" type="checkbox"/> 10. Ran Off Road - Left | |
| <input checked="" type="checkbox"/> 11. Parked | |
| <input checked="" type="checkbox"/> 12. Backing | |
| <input checked="" type="checkbox"/> 13. Passing | |
| <input checked="" type="checkbox"/> 14. Changing Lanes | |
| <input checked="" type="checkbox"/> 15. Other | |
| <input checked="" type="checkbox"/> 16. Entering Street From Parking Lot | |

Skidding Tire/Mark **V2**

- | Veh 1 | Veh 2 |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. Before Application of Brakes | |
| <input checked="" type="checkbox"/> 2. After Application of Brakes | |
| <input checked="" type="checkbox"/> 3. Before and After Application of Brakes | |
| <input checked="" type="checkbox"/> 4. No Visible Skid Mark/Tire Mark | |

Vehicle Body Type **V3**

- | Veh 1 | Veh 2 |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. Passenger car | |
| <input checked="" type="checkbox"/> 2. Truck - Pick-up/Passenger Truck | |
| <input checked="" type="checkbox"/> 3. Van | |
| <input checked="" type="checkbox"/> 4. Truck - Single Unit Truck (2-Axles) | |
| <input checked="" type="checkbox"/> 5. Motor Home, Recreational Vehicle | |
| <input checked="" type="checkbox"/> 6. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment | |
| <input checked="" type="checkbox"/> 7. Bicycle | |
| <input checked="" type="checkbox"/> 8. Moped | |
| <input checked="" type="checkbox"/> 9. Motorcycle | |
| <input checked="" type="checkbox"/> 10. Emergency Vehicle (Regardless of Vehicle Type) | |
| <input checked="" type="checkbox"/> 11. Bus - School Bus | |
| <input checked="" type="checkbox"/> 12. Bus - City Transit Bus/Private Owned Church Bus | |
| <input checked="" type="checkbox"/> 13. Bus - Commercial Bus | |
| <input checked="" type="checkbox"/> 14. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.) | |
| <input checked="" type="checkbox"/> 15. Special Vehicle - Farm Machinery | |
| <input checked="" type="checkbox"/> 16. Special Vehicle - ATV | |
| <input checked="" type="checkbox"/> 17. Special Vehicle - Low-Speed Vehicle | |
| <input checked="" type="checkbox"/> 18. Truck - Sport Utility Vehicle (SUV) | |
| <input checked="" type="checkbox"/> 19. Truck - Single Unit Truck (3 Axles or More) | |
| <input checked="" type="checkbox"/> 20. Truck - Truck Tractor (Bobtail-No Trailer) | |

Vehicle Damage **V4**

- | Veh 1 | Veh 2 |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. Unknown | |
| <input checked="" type="checkbox"/> 2. No damage | |
| <input checked="" type="checkbox"/> 3. Overturned | |
| <input checked="" type="checkbox"/> 4. Motor | |
| <input checked="" type="checkbox"/> 5. Undercarriage | |
| <input checked="" type="checkbox"/> 6. Totaled | |
| <input checked="" type="checkbox"/> 7. Fire | |
| <input checked="" type="checkbox"/> 8. Other | |

Vehicle Condition **V5**

- | Veh 1 | Veh 2 |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. No Defects | |
| <input checked="" type="checkbox"/> 2. Lights Defective | |
| <input checked="" type="checkbox"/> 3. Brakes Defective | |
| <input checked="" type="checkbox"/> 4. Steering Defective | |
| <input checked="" type="checkbox"/> 5. Puncture/Blowout | |
| <input checked="" type="checkbox"/> 6. Worn or Slick Tires | |
| <input checked="" type="checkbox"/> 7. Motor Trouble | |
| <input checked="" type="checkbox"/> 8. Chains in Use | |
| <input checked="" type="checkbox"/> 9. Other | |
| <input checked="" type="checkbox"/> 10. Vehicle Altered | |
| <input checked="" type="checkbox"/> 11. Mirrors Defective | |
| <input checked="" type="checkbox"/> 12. Power Train Defective | |
| <input checked="" type="checkbox"/> 13. Suspension Defective | |
| <input checked="" type="checkbox"/> 14. Windows/Windshield Defective | |
| <input checked="" type="checkbox"/> 15. Wipers Defective | |
| <input checked="" type="checkbox"/> 16. Wheels Defective | |
| <input checked="" type="checkbox"/> 17. Exhaust System | |

Special Function Motor Vehicle **V6**

- | Veh 1 | Veh 2 |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. No Special Function | |
| <input checked="" type="checkbox"/> 2. Taxi | |
| <input checked="" type="checkbox"/> 3. School Bus (Public or Private) | |
| <input checked="" type="checkbox"/> 4. Transit Bus | |
| <input checked="" type="checkbox"/> 5. Intercity Bus | |
| <input checked="" type="checkbox"/> 6. Charter Bus | |
| <input checked="" type="checkbox"/> 7. Other Bus | |
| <input checked="" type="checkbox"/> 8. Military | |
| <input checked="" type="checkbox"/> 9. Police | |
| <input checked="" type="checkbox"/> 10. Ambulance | |
| <input checked="" type="checkbox"/> 11. Fire Truck | |
| <input checked="" type="checkbox"/> 12. Tow Truck | |
| <input checked="" type="checkbox"/> 13. Maintenance | |
| <input checked="" type="checkbox"/> 14. Unknown | |
| <input checked="" type="checkbox"/> 15. TNC | |

EMV in service

- | Veh 1 | Veh 2 |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. Yes | |
| <input checked="" type="checkbox"/> 2. No | |

Truck Cover

- | Veh 1 | Veh 2 |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 1. Yes | |
| <input checked="" type="checkbox"/> 2. No | |

Revised Report

Police Crash Report

Page 1 of 4

CRASH

Crash Date 12/28/2018 Day of Week Friday MILITARY Time (24 hr clock) 17:20 County of Crash
City of Norfolk City or Town Name
Location of Crash (route/street) 215 W LITTLE CREEK RD
Landmarks at Scene 215 W LITTLE CREEK RD
Railroad Crossing ID no. (if within 150 ft.)

GPS Lat 3 6 5 4 5 4 0 0 GPS Long - 7 6 1 6 3 5 0 0
Official DMV Use
183835057
Local Case Number P18122800410
Mile Marker Number Number of Vehicles 2

At intersection With or 5.00 Miles Feet of BONDLE

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle) SIMPSON, CLIFTON, ROGER
Address (Street and Number) 215 W LITTLE CREEK RD
City NORFOLK State VA ZIP 23505
Birth Date 09/06/1950 Drivers License Number T60558875
Safety Equip. Used 3 Air Bag Ejected 6 1 Date of Death 6 Injury Type EMS Transport
Summons Issued As Result of Crash 1 Offenses Charged to Driver 25-165

VEHICLE

Vehicle Owner's Name (Last, First, Middle) SIMPSON, CLIFTON, ROGER
Address (Street and Number) 215 W LITTLE CREEK RD
City NORFOLK State VA ZIP 23505
Vehicle Year 2007 Vehicle Make AUDI Vehicle Model A4 Disabled CMV Towed
Vehicle Plate Number VRD6182 State VA Approximate Repair Cost 5500
VIN WAUDF78EX7A217016
Name of Insurance Company (not agent) STATEFARM
Speed Before Crash 2 Speed Limit 35 Maximum Safe Speed 35 Under 8 0 ALL Passengers Age Count 8-17 0 18-21 0 Over 21 0

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) EMS Transport Date of Death
Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender
Name of Injured (Last, First, Middle) EMS Transport Date of Death
Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender
Name of Injured (Last, First, Middle) EMS Transport Date of Death
Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

Codes

POSITION IN/ON VEHICLE

SAFETY EQUIPMENT USED

AIRBAG

EJECTED FROM VEHICLE

INJURY TYPE

1. Driver
2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
9-98. All Other Passengers
1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Halmat
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable
1. Deployed - Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Keyed Off
5. Unknown
6. Deployed - Side
7. Deployed - Other (Knee, Air Belt, etc.)
8. Deployed - Combination
1. Not Ejected
2. Partially Ejected
3. Totally Ejected
SUMMONS ISSUED AS A RESULT OF CRASH
1. Yes
2. No
3. Pending
1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
6. No Injury (driver only)

Investigating Officer

Badge/Code Number

Agency/Department Name and Code

Reviewing Officer

Report File Date

K PHILLIPS

33885

NORFOLK POLICE DEPT 710

Sgt EJ Jones

12/29/2018

Officer Initials **KP** Badge # **33885**

Commonwealth of Virginia - Department of Motor Vehicles



FR300P (Rev 1/12)

Police Crash Report

Page **3** of **4**

Revised Report

CRASH

Crash Date **12/28/2018** MILITARY Time (24 hr clock) **17:20** County of Crash

City of ☒ Town of **Norfolk**

Local Case Number **P18122800410**

CRASH INFORMATION

Location of First Harmful Event in Relation to Roadway C1

- ☒ 1. On Roadway
- 2. Shoulder
- 3. Median
- 4. Roadside
- 5. Gore
- 6. Separator
- 7. In Parking Lane or Zone
- 8. Off Roadway, Location Unknown
- 9. Outside Right-of-Way

Traffic Control Type C5

- 1. No Traffic Control
- 2. Officer or Flagger
- 3. Traffic Signal
- 4. Stop Sign
- 5. Slow or Warning Sign
- ☒ 6. Traffic Lanes Marked
- 7. No Passing Lines
- 8. Yield Sign
- 9. One Way Road or Street
- 10. Railroad Crossing With Markings and Signs
- 11. Railroad Crossing With Signals
- 12. Railroad Crossing With Gate and Signals
- 13. Other
- 14. Pedestrian Crosswalk
- 15. Reduced Speed - School Zone
- 16. Reduced Speed - Work Zone
- 17. Highway Safety Corridor

Roadway Description C9

- ☒ 1. Two-Way, Not Divided
- 2. Two-Way, Divided, Unprotected Median
- 3. Two-Way, Divided, Positive Median Barrier
- 4. One-Way, Not Divided
- 5. Unknown

Intersection Type C12

- ☒ 1. Not at Intersection
- 2. Two Approaches
- 3. Three Approaches
- 4. Four Approaches
- 5. Five-Point, or more
- 6. Roundabout

Work Zone C13

- ☒ 1. Yes
- 2. No

Weather Condition C2

- ☒ 1. No Adverse Condition (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Sleet/Hail
- 8. Smoke/Dust
- 9. Other
- 10. Blowing Sand, Soil, Dirt, or Snow
- 11. Severe Crosswinds

Roadway Alignment C8

- ☒ 1. Straight - Level
- 2. Curve - Level
- 3. Grade - Straight
- 4. Grade - Curve
- 5. Hillcrest - Straight
- 6. Hillcrest - Curve
- 7. Dip - Straight
- 8. Dip - Curve
- 9. Other
- 10. On/Off Ramp

Roadway Defects C10

- ☒ 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement
- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

Work Zone Workers Present C14

- 1. With Law Enforcement
- 2. With No Law Enforcement
- 3. No Workers Present

Work Zone Location C15

- 1. Advance Warning Area
- 2. Transition Area
- 3. Activity Area
- 4. Termination Area

Light Conditions C3

- ☒ 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness - Road Lighted
- 5. Darkness - Road Not Lighted
- 6. Darkness - Unknown Road Lighting
- 7. Unknown

Roadway Surface Condition C7

- ☒ 1. Dry
- 2. Wet
- 3. Snowy
- 4. Icy
- 5. Muddy
- 6. Oil/Other Fluids
- 7. Other
- 8. Natural Debris
- 9. Water (Standing, Moving)
- 10. Slush
- 11. Sand, Dirt, Gravel

Relation to Roadway C11

Interchange Area:

- ☒ 1. Main-Line Roadway
- 2. Acceleration/Deceleration Lanes
- 3. Gore Area (Between Ramp and Highway Edgeline)
- 4. Collector/Distributor Road
- 5. On Entrance/Exit Ramp
- 6. Intersection at end of Ramp
- 7. Other location not listed above within an interchange area (median, shoulder and roadside)

Work Zone Type C16

- 1. Lane Closure
- 2. Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

School Zone C17

- ☒ 1. Yes
- 2. Yes - With School Activity
- 3. No

Intersection Area:

- 8. Non-Intersection
- 9. Within Intersection
- 10. Intersection-Related - Within 150'
- 11. Intersection-Related - Outside 150'

Type of Collision C18

- ☒ 1. Rear End
- 2. Angle
- 3. Head On
- 4. Sideswipe - Same Direction
- 5. Sideswipe - Opposite Direction
- 6. Fixed Object in Road
- 7. Train
- 8. Non-Collision
- 9. Fixed Object - Off Road
- 10. Deer
- 11. Other Animal
- 12. Pedestrian
- 13. Bicyclist
- 14. Motorcyclist
- 15. Backed Into
- 16. Other

Traffic Control Device C4

- ☒ 1. Yes - Working
- 2. Yes - Working and Obscured
- 3. Yes - Not Working
- 4. Yes - Not Working and Obscured
- 5. Yes - Missing
- 6. No Traffic Control Device Present

Roadway Surface Type C6

- ☒ 1. Concrete
- 2. Blacktop, Asphalt, Bituminous
- 3. Brick or Block
- 4. Slog, Gravel, Stone
- 5. Dirt
- 6. Other

Revised Report
CRASH

Crash Date12/28/2018

MILITARY Time (24 hr clock)17:20

County of Crash

City ofTown of Norfolk

Local Case NumberP18122800410

CRASH DIAGRAM

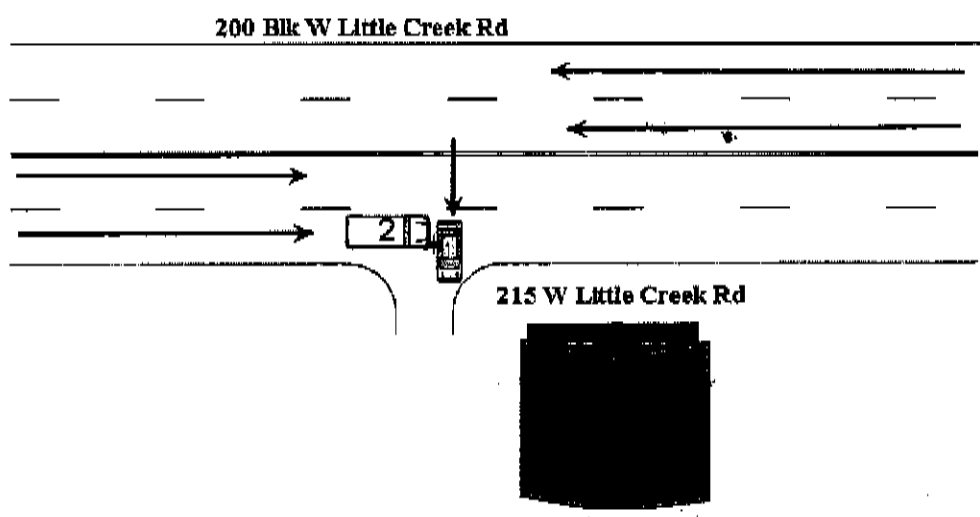
VEHICLE # 1

Fill In Impact Area(s).
Initial Impact

12	
11	1
10	2
9	13
8	4
7	5
6	

W

Veh Dir of Travel-N/S/E/W



VEHICLE # 2

Fill In Impact Area(s).
Initial Impact

12	
11	1
10	2
9	13
8	4
7	5
6	

E

Veh Dir of Travel-N/S/E/W

VEHICLE #

Fill In Impact Area(s).
Initial Impact

12	
11	1
10	2
9	13
8	4
7	5
6	

Veh Dir of Travel-N/S/E/W

VEHICLE #

Fill In Impact Area(s).
Initial Impact

12	
11	1
10	2
9	13
8	4
7	5
6	

Veh Dir of Travel-N/S/E/W

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost

Object Struck (Trees, Fence, etc.)

Property Owners Name (Last, First, Middle)

Address (Street and Number)

VDOT Property

CRASH DESCRIPTION

VEHICLE ONE WAS ATTEMPTING TO MAKE A LEFT TURN INTO HIS DRIVEWAY FROM W LITTLE CREEK RD WHEN VEHICLE TWO WAS TRAVELING STRAIGHT EAST BOUND DOWN W LITTLE CREEK RD. VEHICLE ONE FAILED TO YIELD THE RIGHT OF WAY AND VEHICLE TWO STRUCK VEHICLE ONE. THE DRIVER OF VEHICLE ONE WAS SUSPECTED OF DUI.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20	2	20				20
Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

- First Harmful Event of Entire Crash that Results in First Injury or Damage.

20
- COLLISION WITH FIXED OBJECT**

 - 1. Bank Or Ledge
 - 2. Trees
 - 3. Utility Pole
 - 4. Fence Or Post
 - 5. Guard Rail
 - 6. Parked Vehicle
 - 7. Tunnel, Bridge, Underpass, Culvert, etc.
 - 8. Sign, Traffic Signal
 - 9. Impact Cushioning Device
 - 10. Other
 - 11. Jersey Wall
 - 12. Building/Structure
 - 13. Gurb
 - 14. Ditch
 - 15. Other Fixed Object
 - 16. Other Traffic Barrier
 - 17. Traffic Sign Support
 - 18. Mailbox
- COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT**

 - 19. Pedestrian
 - 20. Motor Vehicle In Transport
 - 21. Train
 - 22. Bicycle
 - 23. Animal
 - 24. Work Zone
 - 25. Other Moveable Object
 - 26. Unknown Moveable Object
 - 27. Other
- NON-COLLISION**

 - 28. Ran Off Road
 - 29. Jack Knife
 - 30. Overturn (Rollover)
 - 31. Downhill Runaway
 - 32. Cargo Loss or Shift
 - 33. Explosion or Fire
 - 34. Separation of Units
 - 35. Cross Median
 - 36. Cross Centerline
 - 37. Equipment Failure (Tire, etc)
 - 38. Immersion
 - 39. Fell/Jumped From Vehicle
 - 40. Thrown or Falling Object
 - 41. Non-Collision Unknown
 - 42. Other Non-Collision